



DEPARTMENT OF LABOR

Office of Workers' Compensation Programs

Division of Coal Mine Workers' Compensation

Proposed Renewal of Existing Collection; Comment Request

ACTION: Notice

SUMMARY: The Department of Labor, as part of its continuing effort to reduce paperwork and respondent burden, conducts a pre-clearance consultation program to provide the general public and Federal agencies with an opportunity to comment on proposed and/or continuing collections of information in accordance with the Paperwork Reduction Act of 1995 (PRA95) [44 U.S.C. 3506(c)(2)(A)]. This program helps to ensure that requested data can be provided in the desired format, reporting burden (time and financial resources) is minimized, collection instruments are clearly understood, and the impact of collection requirements on respondents can be properly assessed. Currently, the Office of Workers' Compensation Programs is soliciting comments concerning the proposed collection: Request to be Selected as Payee (CM-910). A copy of the proposed information collection request can be obtained by contacting the office listed below in the addresses section of this Notice.

DATES: Written comments must be submitted to the office listed in the addresses section below on or before [INSERT DATE 60-DAYS AFTER PUBLICATION IN THE FEDERAL REGISTER].

ADDRESSES: Mr. Vincent Alvarez, U.S. Department of Labor, 200 Constitution Ave., NW, Room S-3201, Washington, D.C. 20210, telephone (202) 693-0372, fax (202) 693-1447, Email Alvarez.Vincent@dol.gov. Please use only one method of transmission for comments (mail, fax, or Email).

SUPPLEMENTARY INFORMATION

I. Background: The Federal Mine Safety and Health Act of 1977, as amended, 30 U.S.C. 901, provides for the payment of benefits by the Department of Labor (DOL) to miners who are totally disabled due to pneumoconiosis and to certain survivors of the miner. If a beneficiary is incapable of handling his or her affairs, the person or institution responsible for their care is required to apply to receive the benefit payments on the beneficiary's behalf. The CM-910 is the form completed by the representative payee applicants. The payee applicant completes the form and mails it for evaluation to the district office that has jurisdiction over the beneficiary's claim file. Regulations 20 CFR 725.505-513 require the collection of this information. This information collection is currently approved for use through March 31, 2012.

II. Review Focus: The Department of Labor is particularly interested in comments which:

- * evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the

agency, including whether the information will have practical utility;

- * evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

- * enhance the quality, utility and clarity of the information to be collected; and

- * minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submissions of responses.

III. Current Actions: The Department of Labor seeks the approval for the extension of this currently-approved information collection in order to carry out its responsibility to evaluate an applicant ability to be a representative payee. If the Program were not able to screen representative payee applicants the beneficiary's best interest would not be served.

Agency: Office of Workers' Compensation Programs

Type of Review: Extension

Title: Request to be Selected as Payee

OMB Number: 1240-0010

Agency Number: CM-910

Affected Public: Individuals or households; Business or other for profit; Not-for-profit institutions.

Total Respondents: 2,300

Total Annual Responses: 2,300

Average Time per Response: 15 minutes

Estimated Total Burden Hours: 575

Frequency: On occasion

Total Burden Cost (capital/startup): \$0

Total Burden Cost (operating/maintenance): \$1,104

Comments submitted in response to this notice will be summarized and/or included in the request for Office of Management and Budget approval of the information collection request; they will also become a matter of public record.

DATED: January 3, 2012

Vincent Alvarez
Agency Clearance Officer,
Office of Workers' Compensation Programs
US Department of Labor

Billing Code No. 4510-CK-P

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